TRAVEL EXPENSE VOUCHER MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET Type or Print											P. YEAR	MAIN-FAC		VOUCH	ER NO.		
EMPLOYEE NAME BUSINESS PHONE								MAIN-FACS AGENCY NAME					EMPLOYEE SOC. SEC. # MAIL				
HOME ADDRESS - STREET							CITY	CITY					3		P0		
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OFFICIAL WORK STATION CITY & BLDG PERMANENTLY ASSIGNED ST						STATE C.							T AD	ADVANCE AMOUNT			
EFFECTIVE DATE DUE DATE INTF			PDT DMI BANKI			ID TRAVELAUTH/AD\			.DV ID		SUFFIX SERVIC		RVICE DATE	DE DATE			
CONTACT PERSON BUSINESS PHONE				NATURE OF OFFICIAL BUSINESS (PURPOSE / DE					SCRIPTION)			PERIOD CO FROM:	PERIOD COVERED FROM: TO:				
INSTR	* **	OR OUT-OF-STA MILEAGE - REFE LODGING - INC	ER TO DEPAR	RTMENT.	AL GUIDE	ELINES O	R PROCE	DURES IN	THE USE OF	STANDAF	RD OR PREMIU	M MILEAGE R		GE.			
DAY OF	TRAVELI	TRAVEL DESCRIPTION-POINT TO P				UR OF	(AM/PM)		* MILEAGE		**LODGING	ME.	ALAMOUNTS		OTHER EXPENSE	DAILY TOTAL	
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	DEX 5)			BJ I)	GRANT OR PRO (6)		ROJECT	PH (2)			AG2 (4)	AG3 (6)	AG	ENCY US	E	AMOUNT (\$ OR %)	
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(LODGING) TRAVEL AGENT CONFIRMATION NUMBER(S):